2004

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0831-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) 15270J-004750US						
-	In re Application of D.					
	Application Number	iled May 26, 2000				
	For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE					
	'	Examiner Turner, Sharon				
This is a request under the provision reply in the above identified application.	กร of 37 CFR 1.136(a) tion.	to extend the period	od for filing a			
The requested extension and appro (check time period desired):	priate non-small-entity	fee are as follows	ı			
☐ One month (37 CFR		\$				
	—					
☐ Three months (37 CI		\$ \$				
•	\$					
Applicant claims small entity		107 Th #	\$1960			
☐ A check in the amount of th ☐ Payment by credit card. For ☐ The Commissioner has alreed application to a Deposit Account of the Commissioner is hereby or credit any overpayment, ☐ have enclosed a duplicate ☐ am the ☐ applicant/inventor. ☐ assignee of record of the	m PTO-2038 is attached by been authorized to count. y authorized to charge to Deposit Account Nue copy of this sheet.	o charge fees in thi any fees which mander 20-1430.				
assignee of record of the entire Interest. See 37 CFR 3.71						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
attorney or agent under						
	ng under 37 CFR 1.34(a),					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. August 12, 2002						
Date		l	Signature			
		Rosemarie	L. Celli, Reg. No. 42,397			
·			d or printed name			
			·			
NOTE: Signatures of all the inventors or easignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algosture is required, see below.						
Total offorms are submitted.						

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. Weshington, DC 20291: BU NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for 19 FA 3224249 v1

AUG 1 3 2002

August 12, 2002

PTO/SB/17 (11-01)
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FEE TRANSMITTAL		TTAL	Complete If Known							
		_] A	Application Number		r a	09/580,016				
for FY 2002		2					0 -	- [
Patent fèes are aubject to annual revision.			Filing Date		M	May 29, 2000				
Applicant claims small entity status. See 37 CFR 1.27			First Named Inventor		or Si	Schenk, Dele B.				
		e 37 CFR 1.27	Examiner Name			Turner, Sharon				
<u> </u>			Group Art Unit		18	1647				
TOTAL AMOUNT OF PAYMENT (\$) 1960			torney Docket No. 15270J-004750US							
METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)										
Check Credit Card MicrosyOrder Other None Doposit Account:			3, ADDITIONAL FEES Large Entity Small Entity							
Deposit			Fee Code	Fep (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
Account Number	20-1430		105	130	205	65	Surcharge - late filing fee or cath			
Panel I			127	50	227	25	Surcharge - tale provisional filing fee or cover sheet.			
Account Crew LLP			139	130	139	130	Non-English specification			
The Commissioner is	s authorized to: (check all that	t apply)	147	2,520 920	147	2,520 92 0 °	For filing a request for reexamination			
Charge fee(e) Indicated below Credit any overpayments					1		Requesting publication of STR prior to Examiner action			
Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filling fee			113	1,840*	113	1,840-	Requesting publication of StR after Examiner action			
to the above-identified deposit account.			115	110 400	215	55	Estanzion for reply within first month			
	FEE CALCULATION	***	117	400 520	216 217	200	Extension for repty within second month			
1. BASIC FILING FEE			118	1,440	218	460 720	Extension for reply within third month Extension for reply within fourth month	<u> </u>		
	all Entity		728	1.960	228	980	Extension for reply within fifth month	1960		
Fee Fee Fee Code (\$) Cod		Fee Paid	119	320	219	180	Notice of Appeal	1900		
101 740 201			120	320	220	180	Filing a brief in support of an appeal			
106 330 208	165 Dealgn filing fee		121	280	221	140	Request for oral hearing			
107 510 207 108 740 208			138	1,510	138	1,510	Petition to institute a public use proceeding			
'	The state of the s		140	110	240	55	Petition to revive – unavoldable			
			141	1,200	241	640	Petition to revive - unintentional			
SUBTOTAL (1) (\$)			142	1,280	242	640	Utility issue fee (or relacue)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			143 144	460 620	243	230	Design issue foe			
Fee from			122	150	244 122	310 130	Plant leave fee Petitions to the Commissioner			
Total Claims Delow Fee Paid Total Claims X =							Petitions related to provisional			
Independent Claims	-3** p	× = =	123	50	123	50	applications Submission of Information Disclosure			
Muriple Dependent		x =	128	180	126	180	Strrit			
Large Entity Small Entity		501	40	581	40	Recording each patent assignment per property (times number of properties)				
Fee Fee Fe	ee Codo Fee De Fee De	escription	148	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))			
103 18 20 102 84 20	IS 9 Claims	in excess of 20	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))			
104 280 20		ndent claims in excess of 3 e dependent claim, if not paid	179	740	279		Request for Continued Examination (RCE)	 		
109 84 20		suc independent claims over	169	900	169		Request for expedited examination of a	<u> </u>		
110 18 21	210 9 Selected patent TRelssuc claims in excess of 20 and over original patent.		Other	r foo (enerti	ا سما		design application			
SUBTOTAL (2) (5)				Other fee (specify)						
*for number previously pald, if greater, For Reissues, 600 above			Red	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)1960						
SUBMITTED BY							Complete (if applicable)			
Name (Print/Type) Rosemarie L. Colii Registretion No. (Altomey/Ag		ent) 42,397			Telephone 650-328-2400					

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